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AUTHOR Dutson-Mallory, Cate; And Others
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ABSTRACT

This coursebook provides materials for a course to improve the oral communication skills of workers in health care settings. The course is designed to be delivered in eight sessions over a 4-week period. Stated objectives for the participants are as follows: feel more comfortable with communication in the hospital, avoid becoming defensive or personally involved in a conflict, establish good communication with patients, recognize and deal with the emotions of others in a conversation, guide conversations to successful conclusions, and project a more professional image. Week one materials on good communication cover these topics: communicating in health care settings, why communication can be difficult, exploring the staff-patient relationship, and patient bill of rights. Week three materials address active listening, listening to understand people (empathy and body language), listening to understand the situation (paraphrasing and clarifying), and behaviors that shortcircuit communication. Topics of the third week focus on how to discuss, open versus closed questions, shortcircuiting discussion, guiding discussion, communication styles, and coping with criticism. The fourth week addresses these topics: following up, responding to conflict, confrontation, and problem people. Exercises and practice activities are provided for some topics. (YLB)

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Straight Talk: Communicating in Health Care Settings

An offering of Step *Ahead:*

A Partnership for Improved Health Care Communication between Memorial Medical Center and New Mexico State University

Straight Talk was developed by **Step *Ahead***: A Partnership for Improved Health Care Communication. **Step *Ahead*** is funded in large part by the U. S. Department of Education as a National Workplace Literacy Demonstration Project. Our other partners include: The Coalition for Literacy, Santa Fe; and The Literacy Volunteers, Dona Ana Branch Community College, Las Cruces.

As a demonstration project, we are eager to share these materials with others who are engaged in not-for-profit literacy work. If you would like to use our materials, please write for permission to:

Step *Ahead*
New Mexico State University
Department of English, Box 3E
Las Cruces, New Mexico 88003

505-646-3931

We gratefully acknowledge the assistance of our partner organizations and especially wish to thank our many students who told us it really did make a difference.

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Cate Dutson-Mallory

with

Pierre Laroche
Paul Meyer
Stephen Bernhardt

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Straight Talk

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Focusing on Communication

Communication in a health care setting is special. Both good and bad things happen in hospitals and the communication styles show that. We want to get you started by thinking about what is bad and good in hospital communication and how you can help to improve the situation. Please complete the following thoughts:

When I think of bad communication at the hospital, I think of ....

When I think of good communication at the hospital, I think of ....

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Straight Talk
Course Goals

At the end of this course, participants should:

- ❒ feel more comfortable with communication in the hospital
- ❒ avoid becoming defensive or personally involved in a conflict
- ❒ establish good communication with patients
- ❒ recognize and deal with the emotions of others in a conversation
- ❒ guide conversations to successful conclusions
- ❒ project a more professional image
- ❒ _____
- ❒ _____
- ❒ _____
- ❒ _____
- ❒ _____
- ❒ _____
- ❒ _____

Introduction

What is Straight Talk?

There are few things that can ruin your day more quickly than having to deal with people who are angry or upset. It is unpleasant to be yelled at or treated rudely; what is more, it's easy to spend the rest of the day brooding about the incident. And it's not just client-staff conflicts that cause miscommunication; we can all think of times when a simple misunderstanding at work turned an easy job into hours of frustration. **Straight Talk** is designed to help you handle some of these problems.

Most of the communication we do in our lives and on the job is oral communication–that is, speaking and listening. Through oral communication, we coordinate our work activities and we solve work-related problems. We also create the images that our superiors and co-workers have of us. Good oral communicators get along with people, do better work, and create a positive image of themselves and their organizations. Studies show that good oral communication is the surest stepping stone to job advancement.

Straight Talk is a course designed to make you a more effective oral communicator. The focus is on communicating with all types people in all kinds of situations. Although many of our examples seem to emphasize patients, visitors, or other hospital clients, we want to stress that the principles and skills you learn apply to all communication. **Straight Talk** will teach you how to establish a good relationship with people so that communication goes smoothly. Also you will learn how to solve problems in communication quickly and efficiently, how to diffuse tense or difficult situations, and how to project a professional image while you do so.

Research has shown that listeners give only a small part of their attention to the information part of a message. The rest of their attention is given to the relationship part of a message. Yet that is the portion we often neglect. We want you to understand one easy, but also easy-to-forget, concept:

> Communication isn't just passing information around--it's developing relationships, negotiating, and making decisions on the basis of status, intimacy, and authority.

The basic principle of **Straight Talk** is that once you become aware of the importance of the *how* you relate to people, you can concentrate on making that work for you as a health care professional. We believe that a smooth relationship almost guarantees successful communication.

What is good communication?

The simple answer is that good communication "gets the job done." Unfortunately, getting the job done often boils down to dumping lots of facts on the listener and moving on. Giving information is only part of communicating, however. A strong relationship with the other person is important too. Taking control of the communication by creating that strong relationship with the listener will make your job easier.

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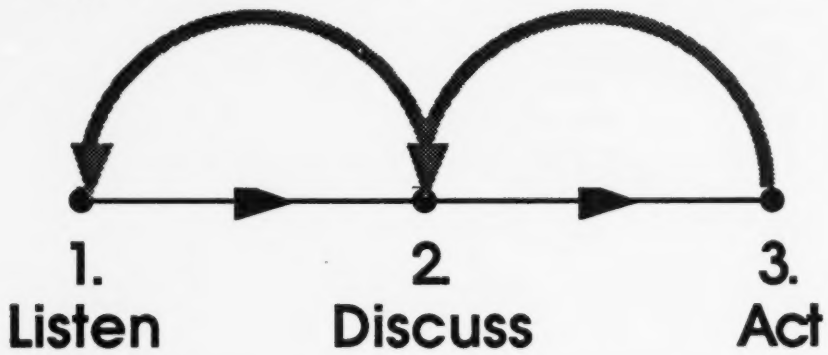
It takes time to create a good relationship with the people you communicate with. This doesn't mean you need to know their life story; sometimes just a kind voice is all that is needed. Difficult situations are often diffused when an irate patient recognizes she is dealing with a caring person.

So how do you become this kind of person? Our method is a three stage model that focuses on how you relate to the other person during conversation. Depending on how you think the conversation is going, a particular stage can last a few seconds, or it can take minutes. Sometimes you will start over at the beginning.

It sounds simple now, but it's not easy. The temptation is to rush conversations, to only answer with information and not develop the relationship. You need to slow down and work on that relationship. This may seem unnatural at first, but it does work. Most importantly, you need to pay attention to how you speak to others, in both good and bad situations.

Here are the stages of the model:



Before you do anything else, just **listen**. Let the other person say her piece. This doesn't mean shutting up and staring into space. You can focus your attention so you are really listening. You also say things that keep the person talking so you get a better idea of what's troubling her. You can start to establish a strong relationship with a patient when you **empathize**–show the patient that you understand her situation–and **paraphrase**–briefly repeat the patient's concerns. These skills will help you slow communication down and listen better.

Besides helping people get what they need, your listening skills can help the patient figure out what's bugging her. Sometimes an angry or upset patient isn't sure herself why she is so excited. Careful questions can help both of you clarify the situation.

Discussing the problem seems straight forward, but it's not. Let's face it, you pride yourself on being good at what you do. If someone challenges your authority, it's easy to get defensive. Sometimes you want to correct people who say something you know is wrong. When we talk about *discussing the problem*, we mean helping people see their options so they make whatever decision is best for them. Discussing means setting up situations so everybody wins. Discussing means learning not to be defensive and learning how to avoid making others defensive.

Once you've listened and discussed, then it's time to **act** on what has been said. This is the part you are probably most familiar with. Think of it as a contract: you and the person you are talking with decide what's fair and the two of you act on it. Simple as that.

This system will seem awkward at first, but by the end of our four weeks it should be second nature. Each week you will focus on one of the three stages. There will be readings and exercises in the handbook as well as in-class discussion and modeling of the system. This is not an easy course; there is a lot of ground to cover. But it will be worth the effort because the skills you learn will serve you every day. Past courses have taught us that if you try, this course will help you become a better communicator. You will learn how to fit your language and message to the role you have assumed as a health care professional.

Describe a communication situation that is typical of your job that really leaves you feeling dissatisfied, hurt or angry.

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Communicating in Health Care Settings

Certainly, the content of communication is important in health care. To some extent, good communication relies on accurate information, competent explanations, and clear directions. But more important to good communication are the relationships that are established as we talk with each other. We don't just pass ideas back and forth. We work to build and maintain relationships with other people. How we say things continually contributes--in either negative or positive ways--to the relationships that we build through our words.

Let's consider here some of the facts of hospital life that make communication difficult. As you read, try to think of situations in your particular work situation that you are reminded of. Take the time to make short notes (in the margin or elsewhere) that either support or contradict the points made in this discussion.

Hospitals are tense places.

We should never lose sight of the fact that hospitals produce tension and anxiety in those who work there. Illness is present, as is death. Dangerous chemicals and equipment are present. People must constantly make important decisions about what to do and how to do it. Risk, exposure, and liability color conversations. Everyone knows that good intentions are not sufficient to protect oneself from lawsuits or self-doubt. These aspects of the hospital setting mean we must be careful about what we write or say. Emotions must be guarded and words carefully measured. Uncertainty must sometimes be hidden, and language must always be used carefully.

Nor should we lose sight of what hospitals do to those who arrive for treatment. Patients made anxious by disease are made uncomfortable by unfamiliar surroundings. People who are accustomed to being in control must surrender control to a large group of unknown specialists. Patients are stressed by being in the hospital, weakened by disease, disoriented by drugs and treatments. Patients know medical treatment is expensive and that insurance companies are reluctant to pay the full costs. So patients are threatened not only in their health but in their finances.

What happens to communication under such stress? People lose their tempers, they become demanding, and they take out their frustrations on others. They become impatient and uncooperative. Tension and anxiety influence what people are able to hear and how they interpret what they do hear.

The hospital setting is not normal and we can't expect people to communicate in normal ways.

Hospitals are busy places.

Hospitals feel busy--crowded lobbies and waiting rooms, people moving around

quickly, paper everywhere, equipment and patients being rolled about. People who work in hospitals feel busy--too many patients to take care of, too many interruptions, too little time to deliver quality attention to patients and to the demands of the job.

Good communication takes time. You need to feel that both of you are relaxed enough to attend to each other. If someone is trying to tell you something, but you have a dozen other concerns on your mind, how can you really listen? Maybe you try to talk with someone, but you sense that person is really too busy to listen to you. Perhaps the person looks at her watch or shuffles through papers or taps a pencil on the desk. All such cues of body language say "Hurry up--I don't have time to listen to your problems." Instead of communicating and building a working relationship, you end up feel ignored or mistreated.

It is frustrating to realize that someone is not concentrating on what you are saying. But it is typical in situations where everybody feels busy.

Everybody gives orders.

The hospital is a very task-oriented workplace. Much needs to get done and there are many levels of jobs and supervision to make sure the jobs get done. "Do this" and "Do that," "Get me this" and "Take care of that." All day long, people are giving orders to other people, telling others to do something. And often, the orders are delivered with urgency. It is not just "Do something" but "Do it now!" *Stat*, we say, insistently, in the language of emergencies.

In busy situations with lots of people giving orders, communication may not follow normal rules of politeness. It is common for hospital workers to complain about being bossed around by everyone else. Frequently, workers feel that they are not treated politely and with respect. Part of this is the result of the urgency that characterizes hospitals--there is much to be done and it must be done now. So people may skip saying "Please" or they may be too blunt or too demanding in the ways they use language. They use fewer words, more commands, and a more blunt approach.

We are all sensitive to how we are being treated by others. We are tuned into the little communication signals that convey respect and that demonstrate a good working relationship. When someone else doesn't convey the politeness or respect we feel we deserve, we become offended and perhaps uncooperative. These feelings are normal--they are extremely common in health care settings.

Hospitals are characterized by status, rank, and authority

Think about the levels of authority or status in a hospital workplace. Suppose you tried to draw a diagram of all the supervisors, coordinators, and managers. Suppose you tried to include all the patterns of authority--who gives orders and who receives orders. It would be a complicated diagram.

Hospitals are characterized by a very wide range of status. At one end of the status hierarchy are the doctors. There is probably no job in our society with higher status

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than that of physician. They have more education and training, and they tend to make more money than others. They are not even real hospital employees; rather, we say they have staff privileges.

At the other end of the status scale are those who keep the hospital running--maintenance and housekeeping, cafeteria and laundry. Many levels of wages and education are represented in the hospital staff--from people who have not finished high school to those who have spent practically their whole lives in advanced schooling.

In a normal day at a hospital, people representing a wide range of status are in constant contact. Where else would you find so many different specializations communicating with each other everyday at work? If you worked in a department store, you wouldn't have all these people of different education, status, and training running around. Status differences are highlighted in health care organizations because so many people of unequal status interact daily.

Our language training and the manners we learn at home and at school tell us to respect status. The rules say to be especially polite, to show respect, as we go up the status hierarchy. In the health care setting, the staff constantly must adjust speech to the wide status hierarchy. This puts a strain on communication, both when status is respected and when it is not. It's a strain, too, because we are taught to observe rules that tell us to speak one way to those above us and another way to those below us. In other words, status forces us to keep creating relationships that are not equal. Our language continually forces us to recognize inequalities in who we are, where we come from, and what we do.

The hospital reflects social divisions of gender, race, language, and social standing.

Does the word *doctor* make you think of a man? Does the word *nurse* make you think of a woman? What about *nursing assistant*, or *records clerk*? What about *manager, cafeteria worker, secretary, vice president*, or *security officer*? The divisions of gender--of the roles that we expect men and women to play--are especially striking in hospitals. As you look around the hospital, are there clear tendencies for women to be in certain positions and men to be in other positions? Who manages? Who cooks and serves the food?

When workplaces are biased along gender lines, it tends to stress communication. Health care has always been a field that employs a large number of women. And like other workplaces, it tends to reflect the bias of keeping women in lower status, less well paying positions.

When we consider how gender differences affect communication, we need to think about how people are brought up--how they are socialized to behave as men and women. Those who study gender differences suggest that men tend to be independent, they tend to view conversations as arguments, and they tend to dominate conversations and control topics. Women, in contrast, tend to be more sensitive to relationships. Women value intimacy more than men, and they place

more emphasis on how people are feeling and reacting as they communicate. Women may assume that the point of a conversation is to explore solutions to a problem; men may assume that conversation is a way of fighting and a matter of winning.

In addition to large percentages of women workers, health care settings tend to have large numbers of hispanics and blacks, especially in the lower paying jobs. The workplace reflects the inequities in the larger society.

In the case of hispanic workers, the difficulties of communicating across cultural groups is intensified because of language boundaries. Languages in contact--for example, the use of English and Spanish in the same workplace--tend to make some people feel included and others feel excluded on the basis of language. People feel left out of conversations and sometimes feel they are purposely excluded. English-only speakers feel that bilingual workers shouldn't use Spanish because it makes them feel left out. Spanish speakers may feel most comfortable using their home language, especially when relaxing over lunch or at break.

Those who are bilingual often feel that English-only speakers don't like or respect Spanish, even though they often need it. Bilingual speakers--from housekeeping or patient care--are often called upon to translate for Spanish-speaking patients. The translators often feel burdened by the need to translate. It disrupts their work and is really not considered part of their job duties. They feel used, because they happen to be bilingual.

The mix of gender, language, ethnicity, and social class will continue to characterize the health care workforce. We will see fewer white men entering the workforce and increasing numbers of women and minorities. These changes will continue to put stress on working relationships and communication. We need to find ways to improve communication across language and cultural groups, and we need to find ways to remove bias and discrimination from the workplace.

The hospital is a high tech workplace.

Hospitals are an information-intensive environment where technological change occurs at a dizzying pace. Hospital workers are constantly having to learn how to use new equipment and how to follow new procedures. This means workers must learn from highly technical manuals and read complicated documents. They must also explain difficult procedures to co-workers and patients.

This technology can be intimidating. Instead of working directly with people, hospital workers are dealing with machinery that must be precisely maintained.

To meet the challenge of this evolving workplace, workers need to be adaptable, which means that they need to have sophisticated reading, writing and oral communication skills.

The hospital is a bureaucracy.

The word bureaucracy suggests a complicated organization. Hospitals are bureaucracies--complicated workplaces with many levels of workers, complex

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reporting relationships, and conflicting purposes.

Bureaucracies threaten good communication. People lose track of who is responsible for what. It becomes difficult to say who has authority for something or how to initiate a change. People become insecure about their identities within the organization. There are too many offices, too many procedures, too much paperwork. Everything seems to detract from one's ability to do a good job.

Hospital staff often feel they are left out of decisions or that they are not informed about what is going on. Within their own groups, they may feel their managers don't share information or that they do not meet frequently enough on a department level. Some staffers complain that they learn what's going on in the newspaper. Others say that no one pays attention to their complaints or suggestions. These are characteristic feelings in a bureaucracy. People feel unimportant, uninformed, or unappreciated.

In a bureaucracy, grapevines tend to flourish. People learn from co-workers about changes in procedures, or job postings, or reorganizations. The grapevine tends to be unreliable, both in terms of the accuracy of information and the consistency with which people learn. Grapevines can't be eliminated, especially in large organizations. Smart bureaucracies take advantage of the grapevine to spread accurate and timely information.

The hospital offers care but must make a profit.

When hospitals were community-based, charitable organizations, they could afford to concentrate solely on quality care. Now, however, hospitals must meet conflicting expectations. They must try to balance the demands of quality care with the need to make a profit. They must continue to serve the indigent public and to live within the "reasonable and customary" charges as determined by insurance companies and federal programs.

Many of those who work in hospitals have values that conflict with profit motives. Many choose health care as a profession because of strong desires to help others through quality care. They see contradictions in health care because hospitals are businesses as well as health care providers. Hospitals are characterized by tough ethical dilemmas that must balance competing purposes. Who deserves treatment? Who receives the use of what equipment? When do we send patients home? What can we do for those who are poor or uninsured? What is a "reasonable and customary charge" for care that is changing constantly and that is always delivered to individuals with their own needs? What price can we put on helping people become well and happy?

What can we conclude about communication in health care settings?

We can conclude that communication in health care setting is difficult. The hospital is an unusual place and the language, too, is unusual.

You will be frustrated and disappointed if you expect people to observe normal rules of polite conversation. Too much is at stake in the hospital setting. You should be

careful to distinguish the language that people use when they are in a hurry or under pressure from language that is truly intended to be rude. You can train yourself to be slow to take offense and quick to grant others some leeway because you understand the pressures of working in a hospital.

If you pay attention to language, you can see it as something interesting and challenging. Watch how people behave with language. Notice how people observe status distinctions or cross-cultural communication. Pay attention to how people communicate not just with their words but with their bodies. The hospital is a very rich language environment. Think of it as a laboratory where you can observe and learn about human behavior.

Above all, remember that we are all creating and sustaining relationships as we talk with each other. Most of us want to be respected, appreciated, and liked by others. We want to contribute as part of a team. We will do practically anything for a co-worker if we are asked politely and treated with respect. We share goals for quality care and we normally share good intentions toward each other.

Language is one of the means we use to create a comfortable, productive working community. We should pay attention to how we use language and how to use it better.

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Communication Can Be Difficult

Communication in a health care setting can be difficult, as you just read. We want you to spend some time thinking about communication difficulties that you experience.

What sorts of things make communication difficult where you work?

What sorts of things do you think you and others can do to make communication better?

Exploring the Staff-Patient Relationship

Being part of any organization implies certain responsibilities to the people you encounter. What sorts of responsibilities do you, as a member of the MMC health care team, feel towards hospital patients, clients, and visitors?

List five:

1. _____

2. _____

3. _____

4. _____

5. _____

Patients also have responsibilities in the health care setting. What responsibilities do you feel they have toward you?

List five:

1. _____

2. _____

3. _____

4. _____

5. _____

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Patient Bill of Rights

Memorial Medical Center has adopted this version of Patient Rights and Responsibilities as outlined by the American Hospital Association.

The Patient has the right

- to considerate and respectful care
- to obtain from the physician complete current information concerning his diagnosis and treatment in terms the patient can understand
- to receive from his physician information necessary to give informed consent prior to the start of any procedure or treatment
- to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his action
- to every consideration of his privacy concerning his own medical program
- to expect that all clinical communications and records pertaining to his care should be treated as confidential
- to expect that within its capacity, the hospital reasonably responds to the request of a patient for services
- to obtain information as to any relationship of the hospital to other health care and education institutions insofar as his care is concerned
- to be advised if the hospital proposes to engage in or perform human experimentation affecting his care or treatment
- to expect reasonable continuity of care
- to examine and receive an explanation of his bill, regardless of source of payment
- to participate in planning for care and treatment
- to be transferred to another facility only with full explanation
- to designate who may visit in accordance with hospital policy

The Patient has the responsibility

- to provide to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to health
- to follow the treatment plan recommended by the practitioner primarily responsible for his/her care
- to assure that the financial obligations of his/her health care are fulfilled

- to be considerate of the rights of other patients and hospital personnel, and to assist, to the degree possible, in the control of noise, smoking, and the number of visitors
- to respect the property of other persons and of the medical center

No catalog of rights can guarantee for the patient the kind of treatment he has the right to expect. Memorial Medical Center has many functions to perform, including the prevention and treatment of disease, the education of both health professionals and patients, and the performance of diagnostic testing. All of these activities must be conducted with an overriding concern for the patient, and above all, the recognition of his/her dignity as a human being. Success in achieving this assures success in the defense of the rights of patients.

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Active Listening: How to Hear

We tend not to value listening because it seems so ordinary and easy. *Everybody knows how to listen,* or so we think. But that is not really true.

There is much more to listening than just sitting quietly while the other person talks. Active listening means listening to the person to see if you can understand how she feels. It also means listening to find out about the situation.

It is important to listen with the proper frame of mind. Are you really listening, or are you arguing silently with the speaker? You must be willing to at least *try* to see the situation from the speaker's point of view. The following pages will explore ways that you can listen to understand people and ways to listen that help you understand the situation.

Before you go on, answer the following questions about listening.

Why is listening so important at MMC?

How is listening important in your department?

Take a look at the following ideas. These are principles that underlie good active listening. Observe yourself next time you listen to someone. Do you follow these suggestions or do you need to practice?

Concentrate on listening

Try not to let your mind wander. It takes concentration to listen. Use your body–your posture, your eyes, your hands, your face--to show you are really listening.

Clear your mind of barriers

Certain behaviors make communication very difficult. If you are in conversation with someone you dislike, there is a strong tendency to react by not listening to her. In some situations, you may be too ready to blame other people in the hospital; in others you may want to rush to the defense of your co-workers. To communicate well, you need to monitor your own reactions and guard against becoming defensive or critical.

Don't be put off by emotional words or ideas.

Strong emotions can be frightening, and there are lots of strong emotions in a hospital. But strong emotions can interfere with solving problems. Let people express their emotions before getting down to business.

A patient may want a problem solved, but she may also want to express her frustration. If you let her vent her frustration for just a moment, she can then attend to the problem. If you try to ignore her emotions, she feels like her needs are not being met. She may keep trying to get you to acknowledge her frustration instead of moving to a solution. Even if you manage to solve her problem, she may go away unsatisfied because she feels like you did not really listen to her.

When you do understand how someone feels--show her. Voice your empathy for that person by saying something that shows you recognize and appreciate the person's feelings.

Don't assume

It's easy to assume that you know the answer to a question before the patient even gets it out of her mouth. After all, you've heard it all a million times. But this is a sure way to get into trouble. Don't assume you know what someone wants--listen for new information.

If you are not sure you understand, be sure to ask questions to clarify. When you think you do understand, paraphrase what the other person is saying and watch for her confirmation.

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Listening to Understand People: Empathy

To understand someone, you must have some sort of relationship with him. You don't need to know his life story, but you must have some type of rapport. The more closely you listen to him and put yourself in his place, the better you will be able to communicate and the more efficiently you can solve the problem.

The first step to understanding is to empathize with the person. Empathy is when you are able to understand a person's situation and care about what happens to him. It is when you can imagine what it would be like to be in someone else's place.

You need to go beyond feeling. You need to demonstrate your empathy, sometimes in words, sometimes by a touch of your hand.

The hospital is a double threat to all those who walk through the doors and roll out. Their physical health is in danger and so is their financial health. Remember what it is like to feel anxious and try to treat patients with care and concern.

Just telling them what to expect when they check in can help them have some measure of control and help them overcome their fear. The more knowledge the patients have of what to expect out of this frightening new environment, the better they will feel.

Put yourself in your patient's shoes

Patients in hospitals frequently feel like they don't have much control. Their very lives depend on the care of others. When they enter the hospital, we put them in flimsy paper robes and take away their wallets and their rings and sometimes even their teeth. Small wonder they feel nervous about losing control. Imagine what you would feel like in their place.

Show that you care

Sometimes the best response is just to say you appreciate what the patient is going through. Try a statement like: *It sounds like this paperwork is very frustrating for you.*

Be aware that anger sometimes hides fear

When people are feeling out of control or frightened, they may hide it with anger. They feel less vulnerable. Next time someone is yelling at you or being unpleasant, think about that. Is that person trying to compensate for his fear? Try to help the fearful person inside; don't get caught in yelling back.

Don't get defensive

Nobody likes to be attacked. Your automatic response is to get defensive or attack back. Unfortunately, once that happens, you are more concerned with justifying or defending yourself than communicating. It is easy to say and hard to do, but if you can avoid taking a patient's actions personally, you will be able to communicate much more effectively.

Don't push back

Sometimes it is useful to think of a conflict as two people shoving each other. The harder one pushes, the harder the other one pushes back. So the conflict keeps getting bigger. If one of the people who is shoving simply refuses to shove, if he just steps back out of the way, the other person has nothing to shove against. Then the shover has a decision to make. It is not very satisfying to push someone who refuses to push back and it is an awfully good way to fall down. Sometimes it is easier to try to communicate. At the very least, refusing to push back can help keep the problem from getting bigger.

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Empathizing Practice

Directions: Write two empathetic statement for each of the following.

1. **Female Patient:** Why do I have to do all this paperwork? I hurt! I just want to go up and get in a bed and lie down.

2. **Nurse to Supply/Processing:** Look I ordered those catheters two hours ago and we still don't have them. What the hell are you guys doing down there?

3. **Irate patient to a housekeeper:** This is a crummy room with no privacy. If I pay all this money to the hospital, I at least want a decent and clean room.

4. **Woman with elderly father**: This is a horrible thing to say, but sometimes I wish he would just die. I had to quit my job to take care of him and he gets so mad when I go out... And he is in such pain. I just don't know what to do! Sometimes I hate him.

Listening to Understand People: Body Language

Some of the most important communication takes place without words–through your body language. Using open body language, nodding your head or saying "uh-huh," reassures the patient that you are listening. Closed body language, like folding your arms or looking at the clock, can make the patient feel shut out.

Here's a list of body cues. Think about which ones you use.

Open

1. Facing your patient instead of sitting at an angle.
2. Leaning toward your patient.
3. Smiling or showing the appropriate expression.
4. Mirroring your patient's body language.
5. Maintaining a comfortable body posture.
6. Nodding your head.
7. Keeping the right distance between you and your patient; 3-4 feet for interviewing.
8. Having animated facial expressions.
9. Making eye contact.
10. Touching your patient, if appropriate.

Closed

1. Being poker-faced or showing no facial expressions.
2. Leaning away from the patient.
3. Avoiding eye contact; looking around the room.
4. Being too close or too far away from you patient.
5. Folding your arms as if to shut out your patient.
6. Tapping a pen or pencil.
7. Looking at forms, writing or engaging in any other activity while patient is talking.
8. Looking at your watch.

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Listening to Understand the Situation: Paraphrasing

Problems are difficult to solve unless you understand a situation as well as the other person. Paraphrasing is an excellent way to get information about the situation.

When you paraphrase, you repeat or rephrase what the other person said. Like empathy, it strengthens your relationship with the other person. It also helps confirm whether you understand the situation fully.

If you rephrase your patient's comment correctly, the patient will generally confirm it. If you are wrong, the patient will let you know, either verbally or through body language. Paraphrasing is a way to check in and see if you and your patient are talking about the same thing.

Learning to paraphrase is a funny thing. Paraphrasing comes naturally to some people, but when they try to use it consciously they become confused. Other people feel uncomfortable repeating the patient's ideas because it sounds patronizing. This is seldom the case. People like to be understood. Paraphrasing is a good indication of understanding.

There is no formula for paraphrasing. A good paraphrase can be a question or a statement. In the early part of the conversation, paraphrasing is like empathy, it helps solidify the bond between you and the speaker by tending to the speaker's feeling. The best way to practice this type of paraphrasing is to identify what emotions the patient is feeling. Answer the question: *What is this person feeling?*

Later on paraphrasing helps you get information about the situation. By repeating the gist of what the person said, you can confirm that you understood and encourage her to talk more. It might sound like this: *So what you've said is...*

Here are some more guidelines for paraphrasing.

Repeat the essence of what the person is saying

Patient: I'm very angry about my bill.

Paraphrase: I can tell you're really mad!

Use language similar to what your patient uses

If the patient says that she is really, really angry, it isn't a good idea to answer: *My, what excessive perturbation.* It sounds like you're making fun of her by using fancy language. Try and match her words: *It sounds like you're mad!*

Match your patient's intensity

While we don't recommend that you yell at a patient, if you can match the intensity of her emotion, the patient will feel like you are listening closely. If she comes in yelling about how furious she is, she won't take

you seriously if you answer with: *It sounds like you're a little upset.*

Don't move too fast. Ignoring emotions may anger your patient

Nothing increases anger faster than having it ignored. The following conversation would not be very productive.

Patient: I am very angry with the way you are treating me!"

Helper: "You look upset. Would you take a look at this form please."

The patient will get even angrier because she feels like she is not being listened to. It is better to paraphrase and stop. Let your patient respond to what you said.

Deal directly with strong emotions

It is not always comfortable to deal with strong emotions, particularly between strangers. When someone is grieving or angry, we often want to leave her alone. Sometimes this will be appropriate, but sometimes it is best to talk about it. Acknowledging the emotion can open up communication. Here are the sorts of things you might say:

You're really mad, aren't you?

It's scary to be facing this type of operation.

I'm sorry you lost your daughter to a killer bee attack; it's hard to lose somebody close to you.

This has been a frustrating day for you.

Use Direct Questions

It may feel uncomfortable to face the situation head on, but direct questions are the best way to get the information you need. You won't put ideas in the your patient's head by asking anything.

The secret of asking direct questions is to be empathetic as you do so. You could sound uncaring or frightening if you ask: *Don't you realize what you are doing is dangerous?* If you show that you care about the patient the results can be useful: *I'm concerned. It seems that like you don't want to recover. What is going on that makes you so depressed?*

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Paraphrasing Practice

Directions: Write two paraphrases for each of the following statements.

1. **Female Relative:** This has been the worst moment of my life. I can't believe he died. It was so fast. I thought my father would live forever and now he's gone.

2. **Emergency Patient:** I'm bleeding here and all you want me to do is fill out forms. I've been here for 45 minutes and I want to see someone right this minute. I am not going to fill out another form until I've seen a doctor.

3. **Female Patient to Male Nurse:** I know you need to ask me these questions, but I don't think I can answer them. It's awfully personal.

4. **Male Patient to Patient Accounts Representative:** I've been looking real hard for work, but I was laid off two weeks ago and I haven't found anything yet. I've always paid my debts before, but I don't have the money now.

Listening to Understand the Situation: Clarifying

Asking clarifying questions is another way to understand the situation. Sometimes people are upset, but they can't or won't tell you why. This is where your listening skills come in handy. Insightful questions can help bring hidden agendas or emotions out in the open. Or they can give you important information. The more carefully you pay attention, the better questions you can ask.

Here are some examples of situations where clarifying might be useful.

Patient: It makes me really mad when they do that stuff to me. I hate it when they do that stuff. I'm going to sue if they do it again.

Nursing Assistant: You're really mad. What is it that they do that makes you so mad?

* * * * * *

Staff member: My boss makes me so angry sometimes. She treats me like an idiot and tells me how to do something bit by bit like I've never done it before. And then she won't show me what I need to know. It's like she thinks I can read her mind or something.

Friend: I'm not sure I understand. Does she tell you too much information or not enough?

Read the following example and write down three clarifying questions that you would like to ask.

Patient: My son said he was going to bring it because I really need it. If I don't have it, I have a really hard time. I get really nervous if I don't have it by me all the time. I wish you'd call him and tell him to hurry. I know something bad is going to happen if he doesn't hurry.

Environmental Services Worker: I think Eggberta is a very good person. It's just that she's so overworked all the time that she doesn't seem to clean that lounge very often. Of course, I try to help her all I can, and I clean it a couple of times a week.

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Listening: Practice

Now that you've been reading about how to listen to understand the person and the situation, here's a chance to practice. As you are reading the following dialogue, pay attention to not only what was said, but how the communication seemed to go. **Then answer the questions that follow.**

Situation: A patient felt that his bill was too high. He asked the patient representative to examine his bill. The examination revealed that the man had actually been billed $3000 less than he should have been. He has just been told that he is responsible for paying the additional money.

Patient: What!? You want me to pay more money! That's crazy!

Patient Representative: I know it's a shock, sir, but...

Patient: But nothing! I refuse to pay any more money. You were supposed to reduce my bill.

Patient Representative: You sound really upset.

Patient: Of course I'm upset; anyone would be after news like that. I've got to pay for my surgery and my wife just had a baby too. I've got bills coming out of my ears.

Patient Representative: It's frustrating when you have to try and juggle money like that, isn't it?

Patient: Hell, yes!

Patient Representative: You know, I can work with you to see if we can set up a payment plan...

Patient: And my oldest girl needs braces. I don't know what I'm going to do.

Patient Representative: It's scary trying to provide for everyone.

Patient: Listen, I don't have the money right now, can't we just go back to the amount on the old bill?

Patient Representative: I wish I could. I really want to help you out, but I can't do it that way.

Patient: Somehow I didn't think so. Damn! All right, what are my options?

Questions

1. What emotion(s) is the patient feeling?

2. Were there other things going on that the patient representative should pay attention to?

3. List the key words that you heard the patient say.

4. What would you add or do differently?

5. What did the patient representative do well?

6. What paraphrases did you see?

7. Where would you steer the conversation from here?

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Behaviors that Shortcircuit Communication

We have been looking at ways to improve your communication skills. Listening closely, empathizing and paraphrasing will help you when you communicate with someone.

On the other hand, your actions can make it extremely difficult to communicate. Your behavior can upset your relationship with the other person. Look at the following examples of behaviors that shortcircuit communication.

Write down some reasons why you think people might get upset in these situations. Put yourself in the situation and write out how you could respond differently. Then try to imagine yourself on the other side of the conversation. How would you handle it if someone made one of these responses to you?

Making excuses

Patient: Look, I had an appointment at 3:00. It's 4:15 now and I haven't been seen yet!

X-ray Technician: I know we're running late. It's just that we had a couple of emergencies earlier today and one of the doctors was called to surgery unexpectedly and I've been working all by myself and...

Yes, but

Physical Therapist: Ok, so you understand how important it is for you to keep doing these exercises, right?

Patient: Yes and I'll try, but it's really hard for me to do this at home because the kids are there and they get in the way and...

Becoming defensive

Supervisor: ...so it's important that you try to do this procedure this way so we can have consistency, OK?

Staff: Well everywhere else I've worked didn't mind how did it. I think it's silly to make everybody do it one way just because the doctors like it that way.

Ignoring the problem or the other person's feelings

Nursing Assistant: And Mrs. Zelafield in room 314 was so rude to me. She tried to pull my hair when I went to help her take a bath. She called me some nasty names. I don't like to work with her. I'm afraid she's going to hurt me.

Supervisor: OK, you're going to give Mrs. Zelafield a bath tonight. She refused one yesterday and we can't have that...

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Criticizing the other person

Nurse A: I get confused when we do this procedure. Should I do this or this?

Nurse B: If you had bothered to study in school you might know the answer without having to ask.

Forcing a "win-lose" solution

Patient: I thought this would be covered by indigent care. I can't pay this bill.

Patient Representative: You should have thought of that before. You must now pay this bill or we will send it to a collection agency or garnishee your wages.

When to Move On

Straight Talk emphasizes stepping back and looking at how your communication happens. Often you will be able to tell when someone is ready to move on to the next stage because he will be receptive the idea of discussing solutions to his problem. Or he will slow down or start repeating himself.

If you move on to discussing solutions and you feel like the patient is still stuck in talking about the problem, it is a good idea to circle back to the beginning of the model and check the relationship between you. Do you have the kind of rapport you think you do? Are you trying to rush the patient?

However, you don't have to follow a conversation wherever it goes. You can help the conversation along. If you feel like the relationship has been established and you have honestly listened and empathized with the person, sometimes a gentle nudge will help him move to the next stage. A nonconfrontational comment may be helpful: *I can tell how frustrated you are; let's see what we can do to solve this problem.* Or: *I think I understand the problem; let's look at solutions.*

List some things you could say to close off the listening stage and move to discussing solutions.

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How to Discuss

Now that you have used your listening skills to understand the person and the situation, it is time to move to discussing. You still have to watch to how you and the patient relate to each other, but the now the emphasis is on talking about the options available to the patient.

Discussing, like listening, is not as easy as we think. It's important to pay attention to *how* you discuss as well as *what* you discuss.

Here are some things to watch when you start discussing.

Be open minded

Discussing demands concentration and an open mind. You don't have to know all the answers. Your willingness to be open and explore options makes the patient work with you for a solution not against you. Modeling good communication for your patient encourages her to repay you by being flexible.

Treat your patient with respect

As a health care worker, you deal with the same situations and procedures every day; they seem easy to you. It's obvious to you that Mr. Johnson needs to go to the sixth floor to talk to Medical Records before he deals with you. Being patient and respectful when Mr. Johnson still doesn't understand after three explanations shows him you really care. Respect smooths a lot of ruffled feathers.

Involve your patient in making the decision

In many cases, you probably feel you know what choices are best for patients. But people like to make up their own minds. When you give Ms. Smits the option of going to physical therapy at 2 o'clock or calling the physical therapist to schedule a different time, you give Ms. Smits some control over her own life. Letting patients make decisions is one way you can reduce their fear and give them control.

Be patient

People take a long time to consider possible options. They have to look at the benefits as well as the consequences. Your being patient helps keep the person you're talking to from becoming stubborn or confused.

Win-win situation

In tense situations, people are sometimes more interested in proving they are right than in communicating. They may sacrifice the chance to communicate effectively, just to prove how right they are. The result is a win-lose situation because the person in the wrong gets angry.

The best approach is one where everyone wins; everybody gets at least part of what they want. The next best possibility is one in which no one loses, where no one is embarrassed or loses everything. A win-win solution may take a bit more creativity, but it saves energy in the long run.

Use your knowledge

Your strength is that you understand the system. You know that Mr. Johnson and Ms. Fiel both have to go Medical Records on the sixth floor. Mr. Johnson can go right away, but Ms. Fiel needs another form before she goes there. Save her a wasted trip to Medical Records if you can.

"I" Language

People are sensitive to language. Using the word "I" to express your position is less sometimes less threatening and less accusing than using "you." Using the word "you" sounds like you are telling people what to think or do.

You don't understand, *this* is how it should be done.

You have to pay this bill, or your credit will suffer.

Rephrasing the statement to avoid that accusing "you" makes people more willing to listen.

I'm not sure I've been clear.

There seems to be a misunderstanding.

It's important that this bill be paid.

Rephrase the following into "I" statements.

1. You seem to be having trouble with this. Why don't you ask for help?

2. You need to get the proper form before you can do that.

3. You aren't listening to what I'm saying.

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Open vs. Closed Questions

Discussing is the stage that many health care workers want to rush through. You may be very good at figuring out which options are possible and which are not. Whenever people come to you with a problem, you impulse is to rush in and provide the solution.

Unfortunately, once you rush in, you have taken control of the discussion. Your patient feels left out. He may start resisting you just so he can feel like part of the conversation again. Suddenly, a conversation that was going smoothly is on the rocks. Your patient is resisting your suggestions or getting angry or frustrated. When you try harder to help him, you may get frustrated in return; discussion goes down hill from there.

Including your patient in the discussion of options avoids that problem. One way to explore options is to ask the patient questions. *What do you need to feel better about the situation? How much money do you have to pay toward your bill each month?* He will probably have definite opinions on what solution is acceptable to him.

Open questions invite your patient to join you in exploring possible solutions. Closed questions, on the other hand, are hidden ways to make your patient feel bad. A closed question has only one or two answers and may force the patient into a losing situation. Patients who are forced to answer closed questions feel trapped or manipulated by the person asking the questions.

Exercise

Evaluate the following questions. Are they closed or open? How would you respond to the question? How would you rephrase the question into an open question?

1. Mr. Ripple, if you don't pay this bill you'll ruin your credit, and you don't want to do that do you?

2. Mrs. Smith, it's very important that you have a bath. You can do it yourself or I can help you. Which would you prefer?

3. Mr. Gomez, I know you can't pay the full amount today, but why don't you pay some. Would you like to pay 30 or 40 dollars?

4. Mrs. Barrera, the doctor said that you had to have those tests done today. Do you want to do it with a fight or without?

Behaviors that Shortcircuit Discussion

We have been looking at effective ways of discussing problems. It is also useful to recognize behaviors that shortcircuit your discussion.

Describe some behaviors that bother you and make it hard for you to continue a discussion. Why so they upset you?

1. Behavior:

   Why it upsets me:

2. Behavior:

   Why it upsets me:

3. Behavior:

   Why it upsets me:

4. Behavior:

   Why it upsets me:

5. Behavior:

   Why it upsets me:

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Guiding Conversations

Keeping the conversation on track is a skill that demands practice. Some patients are convinced that unless you know about their Great Aunt Tilly and her Pekinese farm, you will never understand them. It is hard to keep the patient's attention on discussing the problem at hand. While a large part of your job is tending to your patient's needs through empathizing and paraphrasing, there is a point when it is obvious that you and the patient are wasting each other's time. You need to be able to move the conversation along without saying: *Look, I don't need to hear about your Aunt.*

Here are some tips on how to get the conversation moving in the direction it needs to. These techniques should not be used instead of the model. Your patient will feel hurried and manipulated if you do. If the discussion is not going well, then it is useful to cycle back to the beginning again. Ask yourself if you've gotten at all the emotions that the patient is feeling. When you are confident that you have dealt with the emotional baggage, try this out.

Ask directing questions

Directing questions help guide the conversation in the direction that you need it to take.

> **Patient:** ...and I didn't do my exercises because the kids were all yelling and the TV was broken so I was waiting for the TV repairman...
>
> **Physical Therapist:** It sounds like this situation is kind of confusing. What can we do to make it easier for you to get those exercises done?

The PT's question empathizes with the patient's dilemma, but also guides him away from worrying about his domestic situation and toward solutions.

Don't let the patient go too far off topic

Like everyone else, patients can become infatuated by the sound of their own voices. Sometimes they don't realize that the information they are giving is unnecessary. A question or comment that acknowledges what they are saying then turns the conversation back to the problem can be helpful.

> **Patient:** ...those darn doctors! And I don't like the way the ambulance driver drove when he was bringing me in. He was so careless about stopping for lights...
>
> **Patient Accounts Representative:** It's hard when you feel like you don't have control of your situation. Let's see what we can do to restore a little order and figure out how to set up your payment plan.

What's Your Communication Style?

Conflict sometimes arises when you are trying to discuss a problem with someone who has a different communication style than you do. Each person has her own way of communicating that makes her feel comfortable. When someone who is action-oriented is having a discussion with someone who is idea-oriented, there can be conflict. The action-oriented person wants to *do* something; she will push for some kind of action. The idea-oriented person likes to consider things, to think about options. The idea-oriented person will tend to feel rushed when trying to solve problems while the action-oriented person will feel frustrated because the conversation never seems to get anything accomplished.

Action-oriented Communicators

- Let's get it done, move ahead. What's the bottom line?
- Direct, impatient, decisive, quick, energetic.
- Short attention span, tend to interrupt, hate small talk.
- Body language and vocal cues tend to be accurate.

Idea-oriented Communicators

- Let's try something new.Consider this possibility.
- Full of ideas, provocative, difficult to understand.
- Like to challenge others, hate rules and regulations.
- Nonverbal cues and vocal cues vary; when gathering ideas, they like to be alone and may be withdrawn. When promoting ideas, their energy increases.

People-oriented Communicators

- What do we need? How do people feel? What do people believe? Let's form a team. Let's form a committee.
- Spontaneous, empathetic, subjective, hate procedures and rules that fail to consider people as individuals.
- Body language tends to be open and their voices varied.

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Process-oriented Communicators

- What's the procedure? Let's plan, set goals, analyze. Is there a policy statement?
- Systematic, patient, logical, unemotional, cautious.
- Long attention span, hates off-the-cuff reactions.
- Offer minimal body language and vocal cues.

Which communication type are you? How about the people close to you? Write down a conflict you had recently; could it have been because of different communication styles? Explain why. Are there any people (withhold the names to protect the innocent) that you consistently have difficulty with? Could this be the root of the problem?

Coping with Criticism

Few actions shortcircuit discussion faster than someone being critical. However, there are ways to deal with criticism that help you avoid being hurt or upset. You can actually turn the situation to your advantage. You can choose how to react to someone else's anger. The first thing you do is "step aside" and let the criticism flow past you. This is not your problem; you do not have to own this one.

Then you want to try to help the person move to more constructive behavior. Generally when someone is criticizing you or the hospital he is making broad statements at are only partially true (if at all). Your tendency may be to try and prove why he are wrong or to justify your actions. This only adds fuel to his fire. Instead, try one of the following techniques.

Ask for Specifics

Blanket statements, like "You're being unfair," are hard to answer. You have no idea what they really mean. If you can invite the patient to be more specific, to focus on what is really troubling him, then you can eventually get around to solving that problem.

Patient: The care in this hospital is terrible.

Nurse: Can you tell me how it is terrible?

Patient: My room wasn't properly cleaned yesterday and the nurse was in too big a hurry.

The problem still deserves prompt attention, but it isn't overwhelming any more. Concrete problems can be fixed.

Your attitude is very important here. You have to be open to finding out what is wrong. You may be the one who has to apologize or change behaviors. If you aren't willing to listen, then don't ask.

Staff member: You're being unfair.

Supervisor: What do I do that is unfair?

Staff member: You assigned Barbara a day off even though it wasn't her turn.

The supervisor can be defensive or assert her authority or maybe admit that she made a mistake. Either way, this problem is easier to respond to than broad criticism.

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Paraphrase the Speaker's Ideas

As you saw before, paraphrasing invites the patient to talk, to get it off his chest and to get to discussing the problem. Also it gives you information.

Patient: I can't believe the way you run this hospital. I'll never come here again, even if my life depends on it.

Nursing Assistant: You sound upset. Can you tell me the problem?

Patient: It's not my problem--it's yours. I've buzzed six times and no one answers my call. This is a hell of a way to run a hospital

Nursing Assistant: Ah, I can see why you're upset. You've been trying to get a nurse to help you.

Ask for Additional Complaints

If you ask for additional complaints in a genuinely caring way, the patient will feel your concern. Suddenly the two of you are working together; you're not enemies. He will go away satisfied and that is the ultimate goal.

Examples:

Are there any other ways we could improve our service?

Is there anything else that bothers you?

Is there anything else I should do when I answer the phone?

Agree with the Speaker

Using this response makes people nervous at first. They're afraid that it means they have to agree when people say bad things about the MMC. Or they are concerned that admitting fault will make the hospital liable.

The secret is to pay attention to what you agree to. You probably don't want to agree if the patient says: *This is the worst hospital I've ever been to.* You can agree with the idea behind it: *It's frustrating when you feel like you're not getting proper care.*

Sometimes you can honestly agree with the whole statement.

Examples:

I suppose I was being defensive.

I guess you're right--my behavior was out of line.

Coping with Criticism Exercise

Here are the different types of answers that can be given for the following example.

Criticism: *Sometimes I think you don't take me seriously. It seems like everything I say goes in one ear and out the other.*

Responses

1. **Ask for specifics:** I'd understand what you mean better if you would give me some example of when I seem to be ignoring you.

2. **Paraphrase:** It sounds like you're mad at me because you think I'm just humoring you sometimes so you'll stop talking. Is that it?

3. **Ask for more complaints:** Is it just my not taking you seriously that's upsetting you, or is there something else too?

4. **Agree with the speaker:** Well, I suppose you're right. Sometimes I don't pay attention to what you say, mostly when I'm tired or mad.

Exercise 1

Directions: Supply an appropriate phrase for each type of response.

Criticism: *I'm calling to complain about my bill. Now that I have insurance, you pad my bill with extra expenses.*

Responses

1. Ask for specifics:

2. Paraphrase:

3. Ask for more complaints:

4. Agree with the speaker:

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Exercise 2

Directions: Supply an appropriate response to each criticism using each type of technique. All techniques might not feel comfortable for all examples, but try.

a. Ask for specifics:

b. Paraphrase:

c. Ask for more complaints:

d. Agree with the speaker

Criticisms

This place treats Hispanics like dirt. If I were an Anglo, I wouldn't be made to wait like this.

You're a bunch of crooks. My bill shouldn't be $2,500. I was only in the hospital one day.

I'm in pain. I need some more medication. Why don't you do something, you lazy nurse?

Why can't you be more helpful. You haven't answered a single one of my questions.

Acting: How to Finish Up

After listening and discussing, it is time to deliver whatever action you've agreed upon. You've discussed the options and you and the patient have reached a agreement. Sometimes the only person doing anything will be the patient. Sometimes both you and your patient will have to act. Often, you will be the one to follow through. It is time for you to act on your part of the agreement promptly and graciously.

Since the two of you have worked so hard on this agreement, it is important that you follow up correctly. Nothing is more frustrating than realizing, after the patient has left, that you are not certain which one of you was supposed call the insurance people. Or you realize you told the patient to bring in certain information, but forgot to tell her you needed it by the end of the week.

A "winding up" statement is good way to solidify what both of you agreed to do. A short phrase that summarizes the decision that two of you reached reminds everyone of the action expected of them:

> **Patient Representative:** Ok, Ms. García, I'll make a note here for you that lists the three bits of information that we need to complete your insurance claim. You get these to me by Monday and I'll make sure the forms go out by the following day.

This statement also lets you confirm that everyone has agreed to the same thing. Ms. García may have thought you only needed two bits of information.

Winding up statements also help you end conversations that don't look like they are going to end naturally. Suppose you find yourself trapped in a conversation you can't wrap up. Without being rude, you can use this technique to help the end along.

> **Patient:** Ok, I guess I need to talk to my doctor, but he is always so hard to get a hold of. I call his nurse over and over again. She gets really rude after awhile. The doctor is the only one who can tell me this stuff, but ...
>
> **Nurse:** Good. So you're going to talk to your doctor and get back to me with the information tomorrow before noon, right?

Winding up the conversation by repeating what you have agreed on lets you emphasize the important part of what your patient said and politely indicates that the conversation is over.

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Self Assessment

You've been introduced to the model and you've been practicing your new oral communication skills. Now it's time to stop and assess your progress. This is not a quiz; there are no right or wrong answers. Instead, this is an opportunity for you to evaluate what we have been doing.

1. How do you feel about the model? Is it useful to you at work?

2. How have your communication skills improved?

3. How has your communication become more difficult?

4. Do you feel you are meeting your goals in this class? What would you like to do for the rest of the class?

5. What has made the most sense to you in this class? Has the course focused on new ideas or things you already knew about?

Responding to Conflict

Occasionally, in spite of all your hard work, there is a conflict that makes it impossible to communicate. This conflict can come from a variety of sources and people can react to conflict in a variety of ways. Some people like to face conflict straight on and get things resolved. Others would prefer to ignore trouble as long as possible. Still others create tension by being indirect. Obviously our bias is towards dealing with problems straight on, but you will run into people who will refuse to do so. It is important for you to understand what happens so you can decide how to handle the situation. Do you need to go talk to that person? Or can you just say: *Oh, that's just how he is.*

Below is a conflict situation and the four ways that people tend to react to conflict.

Conflict: Your officemate keeps talking on the phone to his girlfriend and interfering with your work.

Responses:

Nonassertive Behavior: Ignore the problem, even though it irritates you.

Direct Aggressive Behavior: Scream at your officemate and tell him never to use the phone again.

Indirect Aggressive Behavior: Crazymaking (Guerrilla Warfare) "Accidently" leave the phone off the hook or come up with excuses to use the phone yourself.

Assertion: If there is a real, ongoing problem, work out a solution with the officemate.

Exercise:

> **Write up a conflict that you have had with a co-worker (use an alias). Was the situation handled directly or indirectly? What could the result have been if the situation had been handled differently? What is your most common reaction to conflict?**

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How to Confront

The word confrontation makes people uncomfortable, but confrontation merely means dealing with a problem assertively. There are times when it is necessary to be assertive about a problem you have with someone. This is a perfectly legitimate decision, if nothing else that you have tried has helped and if you are sure of your motives.

When you confront, your attitude is crucial. A confrontation is not a dramatic scene where you point a shaking finger at your arch-enemy and proclaim: *You have done me wrong!* Save that for the movies. The purpose of confronting someone is to acknowledge that there seems to be a problem and that you would like to work with that person to come to a mutually satisfying solution.

Identify the real problem

This is the moment where you take one last look at the situation. Is it really a problem you need to discuss or are you trying to make other people responsible for your own problems?

Identify your motives

Be sure you are confronting to improve the situation and not just because you are in the mood to be right. Confrontation is frightening both to the person confronted and the one who is confronting. Be honest about why you are confronting someone.

Describe the problem situation

Your goal is to have the person in a receptive frame of mind so the problem can be solved. Avoid accusing the other person or telling her that the situation is her problem. "I" language can be really helpful here: *I am concerned that...*

Describing the behavior that is problematic is less threatening then making personal comments. A person's behavior is something that can be changed more easily and hence is less threatening to talk about.

Also try to be tentative in your approach. It is less threatening to say: *It seems like there is a problem here.* Instead of: *There is a big problem here.* Tentativeness can give the other person an out. She can say: *I misunderstood.* If your purpose is not to be right, but to solve the problem then it doesn't matter what she says.

Being specific is helpful. Avoid saying: *you aren't doing things right.* Try: *I'm not sure these forms were filed correctly.* It gives the two of you something specific to work on. Specific problems also will seem less overwhelming then big general ones.

Be sensitive to the other person's needs

Being confronted is embarrassing; try to be sensitive to the other person's embarrassment. Choose when and how you confront someone carefully and then do it privately. Try for a "win-win" solution.

Confronting can change the relationship

Facing someone with a problem can be a good experience for a relationship. It can help the two of you communicate better in the future. It can also hurt the relationship if the confrontation is too harsh or too threatening for the other person to hear. And if you have less status or authority than the person you confront, you may certainly be at a disadvantage.

Be open to change

It generally takes two people to create a problem. Say you are angry because Nurse Dominguez snaps at you all the time. You snapped back a couple of times. Now the two of you barely speak to each other.

You've decided to confront her because it is affecting the way you work together. In the midst of the conversation, you discover that she is short with you because she doesn't like your attitude. This is a turning point in the conversation. You can answer with: *Yeah, but you were rude to me first!* This will kill the conversation.

Alternatively, you might say: *I didn't realize there was a problem. Can you tell me what specifically you don't like about my attitude?* You may discover it is something trivial like you don't say good morning when you see her (you'd be amazed at how many people complain about that!). Or it may be more serious. To solve the problem, you both have to be willing to change. You may have to start saying good morning even if you haven't had your coffee yet. She may have to be more courteous to you.

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A Model for Confrontation

Confrontation can take many forms. Here is one way of confronting someone. It is not the only way to confront a person, but it can start you thinking about it.

After each stage, think about why it might be useful to do it this way.

1. Describe the **behavior** that bothers you
2. Outline the **consequences** of the behavior
3. Express your **feelings**.

Example: I have a problem. When you play your stereo this loudly in the office (behavior), I can't get my work done and the supervisor gets mad at me (consequence). I guess you can imagine how upset I get when that happens (feelings).

Model: "I have a problem. When you _____, _____ happens, and I feel _____."

Write what you would say in the following situations to confront the problem.

1. You, a nurse, are upset because a doctor has just yelled at you out in the hall in front of the nursing assistants.

2. You, a nursing assistant, are upset because a patient has just yelled obscenities at you for not giving him pain medication.

When might it be important to confront a patient? Write out a situation where confrontation might be useful and how you would do it.

Confronting: Practice

Confrontations are not easy. Plan roughly what you want to say in advance so you can figure out nonconfrontational ways to say things. It won't work to say: *Look, no one likes you. Lighten up!* There might be a kinder way to say that.

As you are reading the following dialogue, pay attention to not only what was said, but how the communication seemed to go. **Then answer the questions that follow.**

Situation: Nurse Gwen and Nurse Cecily have been working together for several months. Nurse Gwen has been constantly rude or patronizing to Cecily. Cecily is sick of it and has decided to confront her.

Gwen: ...And try to get it right this time.

Cecily: Gwen, I feel that we are having difficult communicating. Have you experienced that too?

Gwen: If you were a competent nurse, you might not have trouble like that.

Cecily: So, you are concerned about my competence? What has happened that made you feel that way?

Gwen: Well, you mis-medicated that patient in Room 318 a couple of months ago, didn't you?

Cecily: You're right, I did. I couldn't read the physician's handwriting and I should have called before trying to give her anything.

Gwen: Yes, you should have.

Cecily: I don't think I've had any difficulty since then. Have you heard of anything I should know about?

Gwen: You've got an attitude problem.

Cecily: Oh, I'm surprised. Is there something I say or do that tells you that I have a bad attitude?

Gwen: It's just the way you talk to me. It shows an attitude.

Cecily: Hmmm, I'd like for us to be able to work together more smoothly. Perhaps you can tell me how you'd like me to talk to you.

(Gwen and Cecily discuss this awhile longer)

Cecily: You know, Gwen, one of the things that makes it difficult for me to do my best work with you is that we have different styles of communication.

Sometimes I am hurt or intimidated when you speak abruptly to me. Last week when you yelled at me in front of the student nurses, I was

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concerned. That could undermine my authority with them.

Gwen: Oh, don't be so sensitive. It is just the way I talk when I am in a hurry.

Cecily: I understand that now. I will remember that. At the same time, I would appreciate it if you would remember that it bothers me sometimes. Maybe we can meet in the middle: I'll be less sensitive and you can try to be a bit more sensitive.

Gwen: What a pain! OK, if it means that much to you.

Questions

1. What strategies did Cecily use in her confrontation?

2. Were there other things she could have done?

3. Gwen's attitude was kind of hard to take. How many of you wanted to throttle her? Could you have kept your temper?

4. What would you have done differently?

5. What did Cecily do well? What could she have done better?

6. Did this confrontation disturb you?

Problem People

In tense communication situations, using the model is the best response that you can have. Soon it will become second nature; you will barely have to think about what to do.

We have avoided giving you flashy techniques to handle people because we don't think they work as well as listening, discussing and acting. When you use techniques to handle people, they feel just that–*handled*. They feel like the person who should be helping just wants them to shut up and go away. Consequently they get louder and more forceful just to get your attention. It ends up making your job harder than it should be.

The next section shows you some common types of personalities, how they react in tense situations and how you can respond to them.

The Bellower

The Bellower tends to be loud, forceful and very aggressive. She likes to treat people rudely and not apologize.

Reason: Inflated ego. She sees her performance as a reflection of her self worth. If she performs badly, she's not worth anything.

Coping Techniques

- React differently: The Bellower expects people to either bellow back or cower and run away. She is prepared for both of those reactions. Do something she doesn't expect--stay calm; avoid a battle.
- Give her time to blow off steam: Use the model. She has a lot of emotions to express. Let her vent.
- Sometimes you may choose to stand up for yourself. You can do this by matching the Bellower's intensity and making a strong statement. But don't actually fight with her; she is better at yelling than you are, and a yelling match won't resolve the situation. A forceful statement may slow the Bellower down long enough to get her attention: *I don't want to fight with you. Let's look at this more calmly.*

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The Nipper

The Nipper likes to pick at people, to nip at them. He likes to make others look bad. A Nipper may spend the whole meeting saying subversive things like: *Where do you get your ideas? That suit doesn't really look good on you does it? Look how many typos are in this memo...*

Reason: Lacks power. He makes you look bad so he looks better.

Coping Techniques

- Bring the fight out into the open: The nipper counts on the fact that his victims will try to avoid a public outburst. Confront the nipping publicly: *Your comments are disrupting the meeting. Do you have something constructive to add?*
- Ask questions--force him to choose between a conversation or a real fight. Ignore the comments and try to get him involved with the meeting.

The Sulker

The Sulker gives people the "silent treatment."

Reason: Wants attention. The Sulker may have hurt feelings or want to talk about something, but she is not a good communicator.

Coping Technique

- Ask questions that require more than"yes" or "no." The Sulker will resist talking. If you ask questions that she must answer in full sentences she may start to loosen up and communicate with you. A gentle confrontation can be useful here: *It looks to me like you are upset about something. Let's talk about it and...*
- Be persistent and supportive. Sometimes a Sulker wants to coaxed into talking. You have a choice. You can be supportive and say: *I really want to hear what the problem is.* Or...
- Set time limits on silent episodes. You can indicate that you want to listen, but you don't have time to wait until she is ready to talk. You might say that you only have 15 minutes to talk to her now, but you would be happy to discuss it with her later when she feels she will be able to.

The Prophet of Doom

The Prophet of Doom is always overwhelmed by life. He is sure nothing will work the way it is expected to and the result will be nothing but disaster.

Reason: Lacks power. The Prophet of Doom tends to feel helpless in the face of things.

Coping Technique

- Don't get caught in his negativism. A Prophet can infect others with his gloomy attitude. Don't let him bring you down.
- State your perception of situation in a nonthreatening manner. Hold on to your expectations of the situation. Don't try to jolly him out of his gloomy thoughts, simply say: *I can appreciate your concern; I think it will go better than that.*
- Ask "What if . . . ." Prophets don't really have a specific reason for feeling that disaster is imminent. They just "know something awful will happen..." Try to help them be more specific. Ask questions like: *What do you think will happen if we do this? Why won't this work?*
- Invite a worst case scenario. Ask them what is the worst possible thing that could happen in the situation. Generally it is not as bad as they think it will be. At least you will have specific objections to talk about.

The Whiner

The Whiner finds fault with everything. She makes extreme generalizations using words like "everything," "always," and "never." "Everything happens to her." "There is always a problem." "She never likes my work."

Reason: Lacks power. A Whiner feels that nothing can be changed.

Coping Technique

- Listen closely; make her feel important. A Whiner whines because she doesn't know how to get attention any other way. She is accustomed to people not listening to her. Your attention may surprise her enough to make her start working with you to problem solve.
- Remember, she's used to being passive. A Whiner can be frustrating. She is used to not acting; it may take some time to change her behavior.
- Ask her to be **specific.** [See the Prophet of Doom].
- State the facts and go on to problem-solving. Whiners can get caught in feeling sorry for themselves. A statement that acknowledges the facts and moves on to discussing the solution is often useful: *You're right this is a tough situation. Let's take a look a what we can do.*

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These are some personality types that you may see frequently. It can help you to know what makes them tick, why they feel like they have to act the way they do. The descriptions are intended to help you understand what motivates some people. Everyone will see bits of themselves in these descriptions. At one time or another everyone has been the Bellower or the Nipper. And you will probably recognize your friends and family too.

The suggestions for coping with these types of people should be considered last resort. These are flashy techniques for handling people, not good communication strategies.

Wrapping it All Up

We hope that you can use these new communication skills to make your job and your life easier. While the model may still feel new and awkward to you, the more you practice the better you will feel about it.

The most important skill to remember is your new ability to step back and look at how the communication is going. You now know how to examine how your conversational strategies affect another person and how they affect you. This gives you a lot of power in communication. Use it wisely.

Good luck and good communicating!

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